

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO

10/574681

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2		1			
4	2		1			
5	2		1			
6	2		1			
7	2		1			
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TOTAL	1		1			
TOTAL DEP.	16	←	12	←	←	
TOTAL CLAIMS	17	██████████	13	██████████		

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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IND.			↓		↓	
TOTAL DEP.		←		←	←	←
TOTAL CLAIMS		██████████		██████████		